

L20000304682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

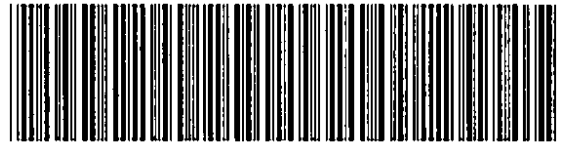
(Business Entity Name)

(Document Number)

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S. YOUNG

2021 JAN 11 PM 6:16

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COVER LETTER

TO: Registration Section
Division of Corporations

QUANTUM SCS LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GONZALO TORREALBA

Name of Person

QUANTUM SCS LLC

Firm/Company

7912 CUMBERLAND PARK DRIVE APT 6306

Address

ORLANDO, FLORIDA 32821

City/State and Zip Code

quantumscs21@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GONZALO TORREALBA

786

5471 522

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

QUANTUM SCS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/28/2020

Florida document number L20000304682

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FREDDY PINDER	802 CREST PINES DR, APT 831.	<input type="checkbox"/> Add
		ORLANDO, FL 32828	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	GONZALO TORREALBA	7912 CUMBERLAND PARK DR, APT 6306.	<input type="checkbox"/> Add
		ORLANDO, FL 32821	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE REASON OF THIS AMENDMENT IS ADJUSTING THE MIDDLE NAME INITIAL OF EACH

AUTHORIZED PERSON ON THIS LLC, DUE TO THESE WERE FILLED INCORRECTLY.

ATTACHED TO THIS DOCUMENT ARE THE ARTICLES OF QUANTUM SCS LLC AND COPIES OF THE
DRIVER LICENSES OF EACH MEMBER IN ORDER TO BE CHECKED IN THE CASE IS NECESSARY.

* TITTLE P MUST BE CHANGED TO MGR

NAME(S): FREDDY JOSEHP / LAST NAME(S): PINDER OROPEZA

* (F) THIS MUST BE REMOVED AS MIDDLE NAME INITIAL. IT IS INCORRECT ON THE ARTICLE

PINDER, FREDDY J / * (J) THIS IS THE MIDDLE NAME INITIAL THAT MUST BE ADDED

ADDRESS: 802 CREST PINES DR. APT 831. ORLANDO, FL 32828

* TITTLE VP MUST BE CHANGED TO MGR

NAME(S): GONZALO ENRIQUE / LAST NAME(S): TORREALBA JIMENES

* (G) THIS MUST BE REMOVED AS MIDDLE NAME INITIAL. IT IS INCORRECT ON THE ARTICLE

TORREALBA, GONZALO E / * (E) THIS IS THE MEDIA NAME INITIAL THAT MUST BE ADDED

ADDRESS: 7912 CUMBERLAND PARK DR. APT 6306. ORLANDO, FL 32821

E. Effective date, if other than the date of filing: 01/05/2021 (optional)

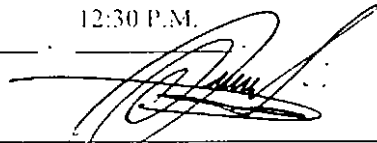
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 01/05/2021

12:30 P.M.



Signature of a member or authorized representative of a member

GONZALO TORREALBA

Typed or printed name of signee